

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90288 018 ****61.25

DOCUMENT # 745267

1. Entity Name

WOODSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4215 EAST BAY DRIVE
 CLEARWATER FL 34624-6949
 US

Mailing Address

4215 EAST BAY DRIVE
 CLEARWATER FL 33764-6949
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
 33764-6949

Country
 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1982401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~STERLING MANAGEMENT~~
 1301 SEMINOLE BLVD #172
 LARGO FL 33770

SAME AS ABOVE

7. Name and Address of New Registered Agent

Name
 WOODSIDE VILLAGE CONDO ASSOC INC
 Street Address (P.O. Box Number is Not Acceptable)
 4215 EAST BAY DRIVE
 CLEARWATER FL 33764-6949
 City Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

John Rentovich, Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/12/2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P VP	<input type="checkbox"/> Delete
NAME	CEFFALIO, PAUL	
STREET ADDRESS	4215 E BAY DR (1602-0) 1602-D	
CITY-ST-ZIP	CLEARWATER, FL 00000-33764 33764	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIRBY, KEN	
STREET ADDRESS	4215 E BAY DR (1412A)	
CITY-ST-ZIP	CLEARWATER, FL 00000 33764	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANDA, JOHN	
STREET ADDRESS	4215 E BAY DR 12072 1207C	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	T	<input type="checkbox"/> Delete
NAME	RETOVICH, JOHN	
STREET ADDRESS	4215 E BAY DR (1015B)	
CITY-ST-ZIP	CLEARWATER, FL 00000 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLKER, HERB	
STREET ADDRESS	4215 E BAY DR 1606	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANNIX, JAMES	
STREET ADDRESS	4215 E BAY DR 1208A	
CITY-ST-ZIP	CLEARWATER FL 33764	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, RICHARD	
STREET ADDRESS	4215 EAST BAY # 107	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN, ROBERT	
STREET ADDRESS	4215 EAST BAY # 1412C	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHINE, JOAN	
STREET ADDRESS	4215 EAST BAY # 1401B	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKEY, MAUREEN	
STREET ADDRESS	4215 EAST BAY # 1301	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALEY, DONNA	
STREET ADDRESS	4215 EAST BAY # 1602A	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELANSON, EDWARD	
STREET ADDRESS	4215 EAST BAY # 1201A	
CITY-ST-ZIP	CLEARWATER FL 33764	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN RENTOVICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/10/2000 539-7025

CR2E037 (9/99)